

Bölüm 12

AKUT KOLESİSTİT VE KOLANJİTTE BULANTI KUSMA İLİŞKİSİ

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GİRİŞ

Akut kolesistit ve akut kolanjit; genellikle safra kesesindeki ve safra yollarındaki taşların sebep olduğu obstrüksiyona bağlı gelişen, sağ üst kadranda ve epigastrik ağrı ile karakterize enfeksiyonlardır. Ateş, titreme, iştahsızlık, bulantı, kusma, iştahsızlık gibi semptomlar sık görülür.

AKUT KOLESİSTİT

Kolesistit safra kesesinin inflamasyonu olarak kendini gösterir. Genellikle safra taşlarının komplikasyonu olarak görülse de nadiren taşsız kolesistit de görülebilmektedir.

Akut Kolesistit

Akut kolesistit, sağ üst kadranda ağrı, ateş ve lökositoz ile seyreden safra kesesi inflamasyonudur. Çoğu olguda safra taşları akut kolesistit tablosundan sorumludur. %5-10 olguda taşsız kolesistit de görülebilir.

Kronik Kolesistit

Kronik kolesistit, safra kesesinde histopatolojik olarak kronik inflamatuvar hücre infiltrasyonunun görülmesiyle konulan patolojik tanıdır. Genellikle safra taşlarının varlığıyla ilişkilidir. Taşların mekanik irritasyonu ve tekrarlayan kolesistit atakları safra kesesi duvarında fibrozis ve kalınlaşmaya neden olur (1-3). Fakat kronik inflamatuvar hücre infiltrasyonunu semptomlarla ilişkilendiremediğimiz için kronik kolesistitin morbiditesini öngöremiyoruz (4). Bazı yazarlar kronik kolesistiti safra kesesi disfonksiyonuna bağlı bir karın ağrısı nedeni olarak tanımlar (5).

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Tablo 1. Klinik patolojiye göre önerilen antiemetik tedavi.

Durum	İlişkili Nörotransmitter	Önerilen Antiemetik
Migren	Dopamin	Baş ağrısı ve bulantı için; metoklopramid veya proklorperazin Bulantı için;metoklopramid, proklorperazin, serotonin antagonistleri
Vestibüler bulantı	Histamin, Asetilkolin	Antihistaminik ve antikolinerjikler
Gebelikle ilişkili bulantı	Bilinmiyor	Bulantı için; zencefil, vitamin B6 Hiperemesis gravidarum için; prometazin, serotonin antagonistleri, kortikosteroidler
Gastroenterit, kolesistit, kolanjit	Dopamin, Serotonin	İlk tercih; dopamin antagonistleri İkinci tercih; serotonin antagonistleri
Postoperatif bulantı-kusma	Dopamin ,Serotonin	Önleme:serotonin antagonistleri, droperidol, deksametazon Tedavi: dopamin antagonistleri, serotonin antagonistleri, deksametazon

SONUÇ

Akut kolesistit ve kolanjit genellikle safra taşlarının sebep olduğu obstrüksiyona bağlı gelişen enfeksiyonlardır. Sağ üst kadran ağrısı, ateş, bulantı ve kusma sık görülür. Akut kolesistit, komplike değilse, destekleyici tedaviden ve antibiyoterapiden fayda görür. Tedaviden fayda görmeyen ve komplike vakalarda perkutan kolesistostomi veya kolesistektomi uygulanır. Akut kolanjit olguları, büyük oranda medikal tedaviden fayda görse de biliyer obstrüksiyon varsa biliyer drenaj gerekir.

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